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## There is no health without integrated oral health

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## POSTER ABSTRACT

### There is no health without integrated oral health

18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018

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**Introduction:** A lot of oral health research is done in patients with a diagnosis of severe mental illness SMI. Substance abuse and side effects of medication causes oral health problems and is a major problem in patients with a diagnosis of SMI. Oral health in patients with a diagnosis of SMI is related to quality of life, self-esteem, physical health, and daily functioning. Despite its importance, oral health in mental health care is still an emerging healthcare pathway. However, there are no studies available that explore the lived experiences and needs in oral health of patients after a FEP. Treatment guidelines on patients after a first episode psychosis FEP indicate that intervention are recommended, but practical advice is lacking.

The research question in this study was: How do patients experience their oral health after a FEP and which needs do they have regarding their oral health?

**Methods:** A descriptive interpretative phenomenological design was used and in-depth interviews N=30 were conducted. The steps of Colaizzi were followed to analyse the transcripts.

**Results:** Problems patients met were dental care in general e.g. lack of awareness and a lack of knowledge, risk factors e.g. antipsychotic medication, substance abuse, financial problems, overall experiences with dentist/dental hygienist and the gap between needs and interventions.

**Discussions:** This study shows that structured collaboration in integrated care is important. Oral health interventions carried out in collaboration between patients, their parents, mental health professionals, dentist/dental hygienists, insurances and policy makers can improve oral health and wellbeing in patients after FEP. In addition, patients suggest that integrated care is important to them to bring structure in daily life.

**Limitations:** This research is single centered and replication of this study in a multiple-centre design with a comparable population can be argued. There are no indications to assume that

there are substantial differences between the studied sample and patients of other mental health organizations: the sample used in this study does not distinct in gender or drug use.

**Conclusions:** To fill the gap between patients' needs on oral health care and the current treatment, the awareness of patients and mental health professionals concerning oral health should be heightened. And therefore, a more integrated approach would be valuable. In addition, to coordinate and evaluate patients' oral health methodologically, the use of an oral health assessment guide is appropriate.

**Lessons learned:** This research shows that there is a lack of awareness among patients and mental health professionals about the importance of oral health, integrated care and multidisciplinary collaboration. Education towards patients and mental health professionals to raise awareness is therefore of great importance together with systematic examination of oral health and collaboration among stakeholders e.g. dentists/dental hygienists, insurance policies and the government.

**Recommendations:** Mental health professionals should collaborate with patients and stakeholders to improve oral health in patient's daily life. Oral health as part of psychoeducation after a FEP might be appropriate. Therefore mental health professionals have to be proper trained. Interventions regarding adherence in oral health should be developed with all stakeholders.

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**Keywords:** integrated care; first episode psychosis; oral health; prevention

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